

PRE-REGISTRATION
Mississippi Secretary of State's Office
2010 Municipal Certification Training

Please print. Each person attending needs to fill out a pre-registration form.

NAME: _____

MUNICIPALITY: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

CHECK ONE OF THE FOLLOWING THAT DESCRIBES YOUR POSITION IN ELECTIONS:

____ MUNICIPAL CLERK

____ MUNICIPAL ELECTION COMMISSIONER

____ OTHER, PLEASE DESCRIBE _____

PLEASE MARK THE TYPE OF VOTING DEVICE USED:

____ PRECINCT SCANNER COUNTER

____ TOUCH SCREEN/ DRE – DIEBOLD/PREMIER – STATEWIDE VOTING SYSTEM

____ TOUCH SCREEN/ DRE - ADVANCE VOTING SOLUTIONS SYSTEM

____ TOUCH SCREEN/ DRE – ES&S SYSTEM

____ OTHER, PLEASE DESCRIBE _____

PLEASE NOTE:

If you are unable to attend the entire session you will not receive certification.

**This session will be from 9:00am to 4:30pm
on July 1, 2010
at the**

**MS SECRETARY OF STATE'S OFFICE,
401 Mississippi Street
Jackson, MS 39202**

Materials for the session must be brought by participant.

Please return pre-registration form to:

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Post Office Box 136
Jackson, MS 39205-0136
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phone.(601) 359-5213
fax.(601) 359-1499